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APR 28 2006

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**FAX COVER SHEET**

**DATE:** April 23, 2006  
**FAX #:** 1-571-273-8300, Art Unit - 3651  
**TO:** Examiner - Timothy R. Waggoner  
**FROM:** Eileen Lewis, Assistant to Michael Starkweather  
**RE:** Response to Office Action due on May 1, 2006

Number of Pages including cover page: 10

Docket No. 3088.2.1 NP  
Client Brad Wood  
Serial No. 10/763.132 Filing Date January 22, 2004  
Assignee/Mark \_\_\_\_\_  
Date Faxed April 28, 2006

*Please acknowledge receipt of:*

- ☐ Amendment
- ☐ Application \_\_\_\_\_ Pages
  - ☐ Provisional ☐ Design ☐ Cont. ☐ Div. ☐ RCE
  - ☐ Utility Total Claims \_\_\_\_\_ Indep Claims \_\_\_\_\_
  - ☐ Drawings \_\_\_\_\_ Sheets \_\_\_\_\_ Figures \_\_\_\_\_
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- ☐ Maintenance Fee Transmittal \_\_\_\_\_ Year
- ☐ Request for Certification for Non-Publications
- ☒ Response to Office Action 8 PAGES
- ☐ Response to Advisory Action \_\_\_\_\_ PAGES
- ☐ Response to Restriction Requirement - \_\_\_\_\_ Pages
- ☐ Extension of Time Petition \_\_\_\_\_ Months
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ ATTORNEY: MWS - 34.441

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PTO/SB/21 (09-04)  
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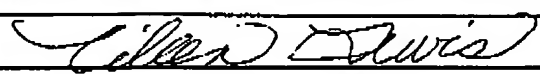
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10763,132
	Filing Date	January 22, 2004
	First Named Inventor	Brad Wood
	Art Unit	3651
	Examiner Name	Timothy R. Waggoner
	Attorney Docket Number	3088.2.1 NP
Total Number of Pages in This Submission		10

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<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
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<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.62 or 1.63	Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Starkweather & Associates / Cust. # 48309		
Signature			
Printed name	Michael W. Starkweather		
Date	April 28, 2006	Reg. No.	34,441

CERTIFICATE OF TRANSMISSION/MAILING	
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Typed or printed name	Eileen Lewis
Date	April 28, 2006

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**CENTRAL FAX CENTER****APR 28 2006****PATENT APPLICATION**  
**Docket No.: 3088.2.1 NP****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

<b>Applicant(s):</b>	<b>Wood, Brad</b>	
<b>App. No.:</b>	<b>10/763,132</b>	<b>Art Unit: 3651</b>
<b>Filing Date:</b>	<b>22 January 2004</b>	<b>Examiner: Waggoner, Timothy R.</b>
<b>For:</b>	<b>APPARATUS, SYSTEM, AND METHOD FOR A MEDICATION ACCESS CONTROL DEVICE</b>	

**RESPONSE TO OFFICE ACTION**

**Mail Stop Amendment**  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, Virginia 22313-1450**

**Sir:**

**In response to the Examining Authorities Written Action, mailed 1 February**  
**2006, applicant respectfully submits the following amendments and remarks.**